



# **Plan First!** **Family Planning Waiver Program** **Covered Services** **July 2013**

The **Plan First!** (Family Planning Waiver Program) is a limited services benefit plan which covers office visits, routine laboratory, diagnostic tests and surgical procedures associated with family planning. Initial treatment for Sexually Transmitted Infections (STI) is covered when provided in conjunction with other family planning services. The **Plan First!** will cover all pharmaceuticals within the therapeutic drug classes appearing in Table 6 as they relate to family planning, initial treatment of STIs and sterilization services.

This document provides a current list of covered services' codes for **Plan First!** The Current Procedural Terminology (CPT) codes listed below in Tables 1 - 4 will only be covered when accompanied by one of the ICD-9-CM diagnosis codes identified in Table 5 on the claim form. For more information regarding this program, refer to the **PLAN FIRST!** Family Planning Waiver Chapter located in the Michigan Medicaid Provider Manual via the MDCH website. To access this information, click hyperlink:  
<http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf>

## **Covered CPT Codes**

**Table 1**

<b>Evaluation and Management (Office Visit) Codes</b>	
Codes are covered only if they are provided for a family planning visit.	
<b>CPT Code</b>	<b>Description</b>
99201	Office/Outpatient Visit New
99202	Office/Outpatient Visit New
99203	Office/Outpatient Visit New
99211	Office/Outpatient Visit Est
99212	Office/Outpatient Visit Est
99213	Office/Outpatient Visit Est
99385	Prev Visit New Age 18-39
99386	Prev Visit New Age 40-64
99395	Prev Visit Est Age 18-39
99396	Prev Visit Est Age 40-64

**Table 2**

<b>Procedure and Laboratory Codes</b>	
Codes are covered only if they are provided during an initial, annual or periodic family planning visit	
<b>CPT Code</b>	<b>Description</b>
11976	Removal of Contraceptive Cap
11981	Insert Drug Implant Device
57170	Fitting Of Diaphragm/Cap
58300	Insert Intrauterine Device
58301	Remove Intrauterine Device



**Plan First!**  
**Family Planning Waiver Program**  
**Covered Services**  
**July 2013**

Procedure and Laboratory Codes	
Codes are covered only if they are provided during an initial, annual or periodic family planning visit	
CPT Code	Description
58340	Catheter for HysteroGRAPHY
74740	X-ray Female Genital Tract
80048	Metabolic Panel Total Ca
80053	Comprehen Metabolic Panel
80076	Hepatic Function Panel
81000	Urinalysis Nonauto W/Scope
81001	Urinalysis Auto W/Scope
81002	Urinalysis Nonauto W/O Scope
81003	Urinalysis Auto W/O Scope
81015	Microscopic Exam Of Urine
81025	Urine Pregnancy Test
82465	Assay Bld/Serum Cholesterol
82947	Assay Glucose Blood Quant
82948	Reagent Strip/Blood Glucose
84703	Chorionic Gonadotropin Assay
85013	Spun Microhematocrit
85014	Hematocrit
85018	Hemoglobin
85660	Rbc Sick Cell Test
86592	Syphilis Test Non-Trep Qual
86689	Htlv/Hiv Confirmatory Test
86701	Hiv-1
86702	Hiv-2
86703	Hiv-1/Hiv-2 Single Assay
86780	Treponema Pallidum
87070	Culture Bacteria Other
87075	Culture Bacteria Except Blood
87077	Culture Aerobic Identify
87081	Culture Screen Only
87110	Culture Chlamydia
87205	Smear Gram Stain
87207	Smear Special Stain
87210	Smear Wet Mount Saline/Ink
87270	Chlamydia Trachomatis Ag If
87273	Herpes Simplex 2 Ag If
87274	Herpes Simplex 1 Ag If
87340	Hepatitis B Surface Ag Eia



**Plan First!**  
**Family Planning Waiver Program**  
**Covered Services**  
**July 2013**

Procedure and Laboratory Codes	
Codes are covered only if they are provided during an initial, annual or periodic family planning visit	
CPT Code	Description
87320	Chylmd Trach Ag Eia
87480	Candida Dna Dir Probe
87490	Chylmd Trach Dna Dir Probe
87491	Chylmd Trach Dna Amp Probe
87528	Hsv Dna Dir Probe
87590	N.Gonorrhoeae Dna Dir Prob
87591	N.Gonorrhoeae Dna Amp Prob
88141	Cytopath C/V Interpret
88142	Cytopath C/V Thin Layer
88143	Cytopath C/V Thin Layer Redo
88147	Cytopath C/V Automated
88148	Cytopath C/V Auto Rescreen
88155	Cytopath C/V Index Add-On
88164	Cytopath Tbs C/V Manual
88165	Cytopath Tbs C/V Redo
88166	Cytopath Tbs C/V Auto Redo
88167	Cytopath Tbs C/V Select
88174	Cytopath C/V Auto In Fluid
88175	Cytopath C/V Auto Fluid Redo
96372	Ther/Proph/Diag Inj Sc/Im

**Table 3**

Contraceptive Supply Codes	
HCPCS Code	Description
A4266	Diaphragm
A4267	Male Condom
A4268	Female Condom
A4269	Spermicide
J0696	Ceftriaxone Sodium Injection
J1050	Medroxyprogesterone Acetate
J7300	Intraut Copper Contraceptive
J7302	Levonorgestrel Iu Contracept
J7303	Contraceptive Vaginal Ring
J7304	Contraceptive Hormone Patch
J7307	Etonogesterel Implant System



**Plan First!**  
**Family Planning Waiver Program**  
**Covered Services**  
**July 2013**

Contraceptive Supply Codes	
HCPSC Code	Description
Q0090	Skyla 13.5 Mg
Q0144	Azithromycin Dihydrate, Oral
S4989	Contracept Iud
S4993	Contraceptive Pill For Bc

**Table 4**

Sterilization Procedure Codes	
CPT Code	Description
00840	Anesth Surg Lower Abdomen
00851	Anesth Tubal Ligation
00952	Anesth Hysteroscope/Graph
58565	Hysteroscopy Sterilizaion
58600	Division of Fallopian Tube
58615	Occlude Fallopian Tube(s)
58670	Laparoscopy Tubal Cautery
58671	Laparoscopy Tubal Block

**ICD-9-CM Codes**

**Table 5**

ICD-9-CM Diagnosis Codes	
ICD-9-CM Code	Description
V25.01	Prescrip-Oral Contracept
V25.02	Initiate Contracept Nec
V25.03	Contracept Mgmt-Emergency
V25.04	Natrl Fam Pln-Avoid Preg
V25.09	Contraceptive Mangmt Nec
V25.11	Insertion Of IUD
V25.12	Removal Of IUD
V25.13	Remove/Insert IUD



**Plan First!**  
**Family Planning Waiver Program**  
**Covered Services**  
**July 2013**

ICD-9-CM Diagnosis Codes	
ICD-9-CM Code	Description
V25.2	Sterilization
V25.3	Menstrual Extraction
V25.40	Contracept Surveill Nos
V25.41	Contracept Pill Surveill
V25.42	Iud Surveill
V25.43	Srvl Mplnt Sbdm Cntrcep
V25.49	Contracept Surveill Nec
V25.5	Nsrt Mplnt Sbdm Cntrcep
V25.8	Contraceptive Mangmt Nec
V25.9	Contraceptive Mangmt Nos

**Pharmaceuticals**

This program will cover antiviral medications for the initial treatment of a STI, which is limited to general antiviral and topical antiviral medications. This does not include pharmaceuticals for the treatment of Hepatitis B, Hepatitis C, or HIV.

**Table 6**

Drug Therapeutic Class	
Description	Description
Contraceptives, Non-systemic	Cephalosporins
Systemic Contraceptives	Trimethoprim
Tetracyclines	Antivirals
Penicillins	Narcotic Analgesics (for sterilization surgical procedures)
Erythromycins	Non-Narcotic Analgesics (for sterilization surgical procedures)
Streptomycins	Antifungals
Flagyl	